QUALITY
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PROJECT

TEL (301) 654-8338
FAX (301) 941-8427
www.urc-chs.com

Improving the System of Hypertension Care in Tula Oblast

Introduction

USAID/Moscow is funding the Quality Assurance Project (QAP), implemented by The Center for Human Services (CHS), to work in health care quality improvement in the Russian Federation. The activities are conducted under the umbrella of the US-Russia Joint Commission on Economic and Technological Cooperation, Access to Quality Health Care priority areas.

Background

The main cause of adult mortality in Tula Oblast is cardiovascular disease, primarily from complications of hypertension. The prevalence of hypertension in Tula is estimated at 27 percent of the adult population. Earlier, Tula Oblast was known for its factories, many of which have since closed down. Health care was provided at clinics (*medsanchasti*) attached to these factories. Today, many known hypertension patients are not receiving adequate health care. They continue to take previously prescribed drugs. Other patients are unaware that they have hypertension.

Methodology

The quality assurance approach integrates "improvement knowledge", or quality management with "content knowledge", or subject-matter knowledge. Evidence-based medicine is stressed as the basis of the content knowledge and is used to develop updated clinical guidelines. Quality management utilizes the systems approach, a team-based problem solving methodology, a focus on internal and external customers, and the testing of changes for improvement. Indicators of quality are defined and measured before, during, and after the introduction of changes.

Project Design

At the planning workshop, the Steering Committee decided that the key components to be addressed in improving the system of hypertension care in Tula were:

(a) Developing evidence-based guidelines for hypertension care at the primary care level;

(b) Making necessary changes to the processes of delivery of hypertension care to facilitate the implementation of the new guidelines;

(c) Promoting healthy behavior related to hypertension;

(d) Screening the population at risk, identifying, and treating patients with hypertension;

(e) Reallocating resources to facilitate the implementation of the new system of hypertension care; and

(f) Changing existing "directives" and "methodological recommendations" in accordance with the new system of hypertension care.

Multi-disciplinary teams representing the different staff functions involved in each of the above components of the system were set-up. Six health care facilities are participating in the project, working on the different components of the project. A Steering Committee was set up to oversee the project. This consisted of the leaders of the above teams, Oblast senior physicians, and health leaders from Tula Oblast. Technical assistance is provided by the CHS-QAP, the American College of Physicians, the Agency for Health Care Policy Research, MedSocEconInform, and the Moscow Medical Academy.

Key Changes Made to the System of Hypertension Care in Tula

(a) A screening program has been developed;

(b) New clinical guidelines for the management of hypertension at the primary care level have been developed;

(c) Referrals and interface between the primary care and the hospital care were revised, including referral criteria and new patient charts;

(d) A health promotion program has been developed, which includes education on hypertension, as well as patient support activities; and

(e) Existing "directives" and "methodological recommendations" are being changed in order to facilitate the implementation of the new system.

Key Indicators of Quality

The following measures of improvement are currently being monitored to demonstrate improvements in the system of hypertension care:

(a) Patients suffering from hypertension detected through the screening program;

(b) Blood pressure control for hypertension patients;

(c) Hypertension patients changing lifestyle to healthy lifestyles: healthy diet; exercise; reduced obesity, smoking, and drinking;

(d) Reduction in complications of hypertension: hospitalizations, hypertensive crises, myocardial infarctions, and strokes; and

(e) Reductions in disability and mortality associated with hypertension.

Progress to Date

The different components have all been developed, and tested in the facilities at which they were developed. Starting September 9, 1999, all of the six facilities will pilot test all the components of the system.

Center for Human Services
7200 Wisconsin Ave.
Suite 600
Bethesda, MD
20814-4811

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